Realignment 2019 Collation of response's from NASC

NorthAble

Strategies for Budget Realignment

Goal – NorthAble NASC is currently forecasting to overspend by $1.12M on it's annual DSS service budget. Ministry have instructed NorthAble NASC to develop strategies to reduce it's current spend on services by $1M in annualized cost of services. NorthAble proposes the following strategies, each one includes the strategy, the overall impact (clients affected, total cost etc), resource required to successfully implement, and potential risks.

In order for these strategies to be successful with minimum negative impact on NASC it is imperative that communication comes from Ministry of Health informing clients and providers that strategies are required due to the current national situation. NASC will then follow up on this with the following strategies:

Strategy	Reduction in Carer Support Allocations relative to the current allocation in place: Allocations of 21 – 28 days per year to be reduced by 1 day per year Allocations of 30 days or more to be reduced by 2 days per year
Impact	491 clients currently have 21 – 28 days allocated, 247 have 30 days or more Potential Savings = $74,860pa
Implementation Plan	Send a letter to all clients receiving Carer Support stating that all allocations will be reduced as described above. Invite people to contact NASC if there are changes in their circumstance we are unaware of. Complete Data entry to change allocations.
Resource Required	Staff time to identify clients and send out letter Staff time – to complete Data Entry Exercise. Socrates data entry for this sort of change takes 5-10min per entry (unless MoH could do Background Data change) approx. 90 hours admin time
Risk	Some people will be fully utilizing their current Carer Support Allocation, so will see this as a reduction in services and may complain. Individual impact is low though and distributed equally amongst all users.

Strategy	Cease previously 'Grandparented' Day Programme funding for two Northland Providers – [redacted] and [redacted]
Impact	28 clients currently attend [redacted] for between 2 and 10 half days per week – mostly in the older age group Total Cost per year: $246,823.04
Implementation Plan	A letter was sent to these providers in 2012 informing them that MoH was no longer funding Day Activity programmes and that existing cients would be treated as 'Grandparented'. Since then no new clients have been funded by

	NASC. Many of the clients who attend these services are in full-time residential care. Suggest two approaches to Implementation: Send a letter to the provider, residential services, and clients informing them that all previously 'grandparented' funding for these day programmes will now cease. For clients in community follow the letter up with a phone call to discuss MSD funded options in the area (which are available)
Resource Required	Letter – communication to providers should be from the ministry Staff time for phone calls to community clients and data entry – approx. 30mins per client (9 hours Service Facilitator time)
Risk	Clients who are in [redacted] residential (about 10 clients) – it is possible that [redacted] will then request additional Day Activity Funding to support the client. This population is older and would not necessarily require vocational funding. Impact on provider for currently funded programme of loss of the funding.

Strategy	Reduce Existing Household Management Allocations to Maximum of 10 hours per week (Non-IF and IF)
Impact	48 clients currently have household management allocations in excess of 10 hours per week – these allocations range from 10.5 hours per week to 23 hours per week. There are up to 9074 hours per year of HM allocated in excess of 10 hours/week/client. HCSS rates differ between providers so hard to ascertain actual cost but approximate determined using an average rate = $292,174.22pa
Implementation Plan	Letter sent out to HCSS providers informing them of change. Phone call made to affected clients.
Resource Required	Staff resource for Phone call and data entry to be completed outside of standard review time – approx. 30min per client (24 hours Service Facilitator time)
Risk	Possibility that reducing HM allocation would jeopardise community placement – NASC staff to review report of clients affected prior to strategy being implemented, if change would result in need for residential it will not be implemented for that client. Negative reaction from clients affected. Will need support from MoH shuld complaints come through. Proposed allocation of 10 hours per week should be enough to ensure essential HM completed.

Strategy	Remove hours allocated to 'Coordination' under Supported Independent Living
Impact	Nil impact to clients – SIL provider has been incorrectly funded Cordination hours in addition to their SIL support hours. For NorthAble this is 27 hours per week across clients allocated to [redacted] SIL (other SIL providers not affected). Impact = $49252.32pa
Implementation Plan	Data entry to remove this allocation and issue new SA to provider along with a message regarding coordination support being built in to SIL rate – additional reminder from CRM at MoH would support in this.
Resource Required	Data entry for affected clients – approx. 20 – 3 hours admin time.
Risk	Provider dissatisfaction

Strategy	Correct current Funding Rates for [redacted] Residential
Impact	NorthAble has completed an exercise checking current funding rates within [redacted] residential against the Kimberly TPM – we have confirmed that this is the funding method utilized by Taikura Trust and the provider is aware of it. Based on this exercise NorthAble appear to be over-funding [redacted] by $192,154.20pa This should have nil impact on the clients supported by [redacted].
Implementation Plan	[redacted] have previously raised queries regarding current funding rates with NorthAble. Following this they were informed that NorthAble would be confirming funding methodology and would confirm all rates. Implementation would be to communicate to [redacted] that this has been completed, and then re-issue SA's for all clients.
Resource Required	Data entry time for re-entering residential packages for 23 clients - approx 15min per client – 6 hours admin time
Risk	Possible dissatisfaction from provider although advance notice of this change has been given by NASC.

Running Total for $ impact of Strategies

Strategy	$
Carer Support	$74,860pa
Day Programme	$246,823.04
Household Management	$292,174.22
SIL Coordination	$49,252.32
TRT Residential	$192,154.20

Total	$855,263.78

Taikura

Subject: Allocation Strategy - **DRAFT**

From: Marlon Hepi, GMSD/BD

To: MOH

Date: 8th February 2019

...taikuratrust

Purpose

This document is a DRAFT **thinking paper** provided to support further discussion between NTK NASC and MOH related to the DSS financial sustainability plan.

Critical to moving forward is the availability of data and information to analyse where potential strategies may exist; and a system to access information ongoing to measure the impact of approved strategies.

Background

MOH held a teleconference 1st Feb 2019 with all MOH NASC. The teleconference was to highlight the following issues/key points:

- MOH re-prioritised of DSS focus – Budget Management
- Target for all NASC is reduction $10m by end of financial year (June 2019)
- Forecast deficit of $90m nationally ($10m target NASC contribution)
- Residential and Community, MOH acknowledge biggest impact NASC likely to make initially, is in the community area.

Budget performance to date

The Quarterly Reports provided by the MOH to NASCs indicate different perspectives on NASC budget management performance. (Reference Quarterly

Report 31 Oct 18; Quarterly Report YY; Quarterly Report ZZ). From the MOH Allocation Benchmarking Report Oct 2018, we note:

- NTK budget in combined Residential and Community services is **2nd lowest NASC** (out of 15) allocated cost (largest NASC, smallest average allocation by client).
- Of the 1800+ Residential clients, 43 (0.02%) clients are above the high MOH IRP threshold of $165k.
- Low level of SPA

We note that the target for NTK is XXX; which is XX% of the overall national target.

Data and information

To contribute to the financial sustainability plan target set for NTK within the timeframe set, access to accurate and current information will be critical to plan and assess potential strategies, and to measure the impact of approved strategies in as close to real time as possible. There are limitations from the current system and investment is needed to improve the usability of information for NASCs contributing to the financial sustainability plan. We would like to discuss how a Data Analytics resource can be available.

Strategies

We recognise the importance of the DSS financial sustainability plan; and of the importance that people receiving support continue to be safe and appropriately supported. We note there is the immediate target by the end of June 2019; then mid and long-term targets over future years.

The Enabling Good Lives principles of choice, flexibility and control remain central to the engagement with people who receive support and those who enter the system. People must agree with changes to their supports. Although the focus of the plan is on financial sustainability, we encourage the MOH not to ignore this opportunity to recommend changes to the system that could contribute to a positive balance of these objectives. For example, enabling the system to record **multi-year support plans** has the potential to achieve a greater overall reduction, by involving people to take a longer-term view of how the outcomes they want from their supports.

Internally the opportunities for impacting budget performance in the timeframe specified include:

- Targeted reviews of support plans over SPA
- Consideration of maximum allocations in specific services lines under certain conditions
- Measuring movement towards an overall average % reduction by individual/total NASC budget

Details on the specific actions are included in the table below. To enable this work, resources will be repurposed where appropriate and where possible. For example:

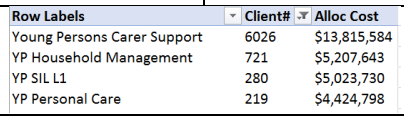
- Varying the methods for contract activities, specifically face to face assessment and review, to free up resource for intensive review work.
- Deferring system-generated activities deemed low value to peoples' outcomes and the financial sustainability plan objectives.
- Changing internal moderation and decision-making processes and freeing up resource to oversee these.
- Adding resource where necessary. A priority is increasing access to useful data and information to support decision making.

Next steps

The priority to commence detailed planning and implementation is access to useful data/information.

We plan to engage with other NASCs over the next 2-3 weeks to gain a wider view of initiatives from other teams.

We will connect through NASCA for any support or activity that will influence the plan from a national perspective.

No.	Strategy	Description	Type	Client #	Current Alloc Cost	MOH Comms?	MOH Resource
1.	Manager Approval	All change increase under $95k will require management approval. This is 90% of community clients that are under the Socrates threshold.	Existing	Unknown	Unknown	No	No
2.	Not allocating to BSS under 5yrs.	No ref for under 5 unless medical fragile.	New	134 (last 6mths)	$1m	Yes	Yes
3.	Phone Review high community cost clients	Clients receiving annual cost between $70 – 94k. These clients are under the NNR $95k threshold and are not scrutinised/reviewed at high level.	Existing	168	$13m	Yes	Yes
4.	Focusing on clients over and under the SPA limit.	A re-alignment within SPA levels would be applied.	Existing	2097	Unknown	Yes	Yes
5.	Develop a Quantity Matrix for the top 4 community cost services.	A Matrix mapped against the 5 levels SPA on quantity allocation. To be applied for new clients.	New			No	No
6.	Realignment of underutilisation CS/HM/PC.	Review clients who demonstrate underutilisation of allocation.	Existing	Unknown	Unknown	Yes	Yes
7.	SIL: Setup and Review Practice Alignment	Confirm and realign if appropriate setup/review	Existing	280	Unknown	Yes – Provider Only	Yes

Row Labels	Client#	Alloc Cost
Young Persons Carer Support	6026	$13,815,584
YP Household Management	721	$5,207,643
YP SIL L1	280	$5,023,730
YP Personal Care	219	$4,424,798

DSL

- Any proposed increases to any service will be peer reviewed and authorised or declined by Manager
- All packages of over 165K will be manually reviewed three monthly, including those approved under IRP for twelve months
- Any referrals to residential will be peer reviewed and waitlisted as per priority of need, those needing to be waitlisted will be reviewed by community team to mitigate risk and ensure essential needs are met.
- All residential packages of 20 hrs or less per week ICAREd will be reviewed to consider SIL and or community supports
- All community clients requiring personal care and are continent will have a maximum of three hours per week
- A budget spreadsheet is actioned, for all increases and decreases.
- Only those clients who are presenting with very high risk will be referred to Explore for the next three months.

Phil can I ask if we can receive a report identifying all client receiving PC and HH non IF by – we are having difficulty in getting this off socrates

- Name and NHI
- Package allocation
- coordinator

A couple of points were raised by the team this morning. On our TPM we have to choose a car/van not optional regardless of if a car/van is not allocated to this home. There are many providers sharing vehicles amongst up to several houses. This increases the funding significantly. Is there a way around this?

The second is a query. For some residential providers is the MoH allocating extra funding outside of the service authorisation?

Support Net

We would look to make savings using the following approaches:

1 Target high and very high SPA 'community' clients with an aim to making reductions in funding allocations within this group quickly where possible.

2 Reduce funding allocation of all community packages on review by an average of ?5%. Staff will be required to reduce allocations within their caseloads by a particular percentage overall. This does not mean every case is reduced, but overall, the funding allocation across the NASC is reduced by a particular percentage.

3 Potentially cap allocations for clients with a Level one ASD diagnosis and make a standard allocation. For example this could be an amount of carer support days or a similar dollar amount. Many of these clients currently receive packages including carer support, IF and / or IF respite or EIF.

4 We will not undertake early reviews that are requested for an increase in services where there is no significant increase in need.

Note: There will be some impact on resources, mostly in our admin area and some additional funding to assist with this would be appreciate

NASC Hawkes Bay

PLAN NASC HAWKE'S BAY FEBRUARY 2019

Residential	1. Robust review of [redacted] clients house by house to reassess support hours 2. Review of clients transitioned from child rate to adult rate to ascertain accuracy of allocated hours 3. Vigorous use of ICare tool
Community	1. Priority reviews of all HM allocations over 3 hours per week 2. Review all allocations of HM and respite hours at each reassessment

	3. Explore in more depth natural and community supports available to families at point of assessment/reassessment 4. Reminder to explore 'Like in Age and Interest' where appropriate
General	1. Reinforce allocation is for disability needs only – address/educate other agencies' expectations v reality 2. Reinforce allocation is for essential disability needs 3. Vigorous monitoring of all BSS requests prior to sending referral 4. Reinforce use of SPA and allocate within appropriate levels 5. Reinforce standardised, objective approach from all staff: all saying the same thing 6. Manager to meet with CDS and CAFS leadership to explore available options for clients
Resources required	1. Increased visits from NRR to assist in giving clear message to providers

Accessibility Wanganui

1) Potential immediate savings in our NASC budget

1.1 Personal Care –

Shower support – ½ hour daily as the standard allocation? This would be a very risky strategy, as there are some people who would not be able to achieve this task within a reduced timeframe. However, we could potentially make the ½ hour the "default" and if people needed more, we could increase it back up. Savings could be estimated at 3.5 hours pw for those with PC allocations of 7 or more pw – 43 clients (HSPC) + 35 clients (IFPC) = 78 clients x 3.5 hrs = 273 hours pw x $26 = $7098 pw (**Max of $184,548 for 6-months**)

1.2 Home Management support –

1.5 hours is the maximum, no exceptions. 31 people are over this figure now – 15 people @ 2 hrs/wk (saving 7.5 hrs/wk); 3 ppl at 2.5 (saving 3 hrs/wk); 8 ppl at 3 (saving 21 hrs/wk); 2 ppl at 3.5 hr/wk (saving 4 hrs/wk); 1 person at 5 hrs/wk(saving 3.5 hr/wk); 1 person at 12 hr/wk (saving 10.5 hrs/wk) = total saving 49.5 hrs/wk = $1287 pw = **$33,462 for 6-months.**

Or/ HM allocations over 2.5 hrs/wk reduce by 1 hour/wk (13 x 1 hr = **$8788 for 6 months)**

IFHM – there are some high allocations, many of which include meal prep. There are 12 clients with hours ranging from 2-13 pw. If a similar process as above were to be applied, this would result in savings of : 1 x 11.5, 1 x 4; 1 x 3.5; 1 x 3, 2 x 2.5; 5 x 1.5; 1 x 0.5 – total hours saved = 35 pw x $26 /hr =$910 pw = **$23,660 for 6-months**

Therefore, this strategy could save over the HM category, HSHM and IFHM a total of 31 clients saving **$57,122.**

Meal prep – removed from all packages and other options are offered (prepared meals). Not sure how this would be identified in existing packages, but would be addressed anyway if the above strategies were used.

All people with HM living with others – max 1 hr pw. Savings not known, as unsure how we would identify these people.

1.3 Supported Living –

No review costs added unless a meeting is requested by us. In past 12 months, this totalled 39 hours x $35 /hr = **$1365** total. Very small savings, possibly because we are already very tough about these "review" allocations for providers.

Review if long-term "static" packages and no skill development is evidenced – transfer to PC or HM support instead. Savings would be the difference between the S/L rate ($35-$41 /unit) and the PC or HM rate $26-$33/unit) – roughly $9 per unit. This would be a low saving for Whanganui as we do not have high numbers of people in S/L – around 37, and most do not have large allocations. Total hours allocated = 147. Max savings possibly **$10,000 - $15,000** to the 6-month period, if we were able to achieve this for around ½ the total S/L hours.

2) Mid- to Long-term savings ideas

2.1 BSS –

We could negotiate an agreement with families/providers that there will be a corresponding reduction in supports once the B/S plan has been completed e.g. if the behaviour is more manageable, the need for respite should reduce?

2.2 Carer Support/Relief –

Reduction in Carer Support for those people who are not currently using their allocation – if we implement this prior to "I Choose" we can then have a different discussion with families once it is implemented i.e. they will be allocated according to the Matrix, and not what they currently have. We have 21 families in this position, which would be a total of 506 days x $76 = **$38,456**. However, as these are currently allocated but not used, I am not sure whether this would actually count towards any "savings".

Carer Support – 0-51 days, reduce by 1 day pa ($11476) 52 to 77 days, reduce by 2 days pa ($13680), more than 78 days reduce by 3 days pa ($2964) – total savings = **$28,120**. Could be done by a letter only, but would only affect those who come up for annual review, as unable to review annual allocations early. Therefore, not an immediate solution.

2.3 Residential -

Review Band 2 services – how much support are these people actually getting or could some of them be candidates for S/L? Again, this is generally considered at each reassessment, and realistically, most of these people fully institutionalised so would not be suitable for supported living. However, we have identified 3 men who live in [redacted] residential services – Band 2 – and who have little actual support provided (possibly 2 hours each evening). If we transferred these people to S/L packages, we could potentially save around $300 pw x 3 clients = $900 pw = **$23,400** for the 6-month period.

Review Individual services – could any of these people live with others – e.g. [redacted] to S/L? Not likely to be achieved within the next 4 months. Could be a mid- to long-term option. Very small numbers, only 10 in total. Any overall reductions are likely to be minimal, as these people still have very high support needs, and would still require a high level of staff resource.

2.4 Waitlist –

We could look at introducing a waitlist for certain services – B/S, Supported Living, Respite, C/S – however, this will potentially only delay the costs that are going to be inevitable anyway. Of note, our spend for BSS in the 12 months was around $97K, so if this was not an immediate option for people, we could potentially save a similar amount to this – or **$48,000-49,000** for 6 months. However, it would probably result in an increase cost in other services, such as respite and residential care, as families fail to cope with the ongoing behaviours.

3) General

3.1 InterNASC transfers – All NASC's need to evidence that a robust review of the existing support package has taken place prior to the person moving to the new NASC region, so that we are not having to have difficult conversations with people around their expectations raised by another NASC.

3.2 Reviews/Reassessment changes will be impacted by what we decide will be our focus for this project.

3.3 Other Stakeholders, esp. "lobby groups" (e.g. [redacted], [redacted]) need to be informed possibly in a different manner?

3.4 Reductions in high cost packages (community or residential) should be "fast-tracked" through the NNR/IRP process, with minimal bureaucracy

3.5 Annual allocations are going to be the easiest to reduce – e.g. if Carer Support by 1-3 days as suggested above in 2.2. The same principle could be applied to Facility Respite and IF Respite – an "across the board" reduction by a particular formula or percentage. E.g. IF Respite – a 3% reduction across everyone who has an annual allocation of 200 or more units, would result in roughly **$12,500** saved over a 12 month period.

3.6 Equipment - We could review packages of support following referrals to "rehab" therapies – e.g. if there has been an OT referral, and equipment provided as a result, we could follow up with the person about the gains from this and possibly a corresponding reduction in funded supports? We could track these people from our outwards referrals, but it would be a time-consuming task having these conversations, and the gains are likely to be small. Again, it is a small number of people, and the savings would be minimal.

3.7 Staff resource – If we were using our existing resources, [redacted] experienced (SSF) staff person would need to work on whatever strategy we agreed upon, and the Support Co-ordinator could complete the data entry. We would struggle with the remaining workload, in terms of experienced staff, but we do have the capacity with full staffing, and the contract assessor in place.

My preference for staff resourcing of this project would be that the team here would "triage" cases and then make referrals to a central point for follow up with the person/provider. The data entry could then be sent back here to be completed.

Notes compiled by: [redacted] (Team Leader – Whanganui)
11/02/2019

Before we move into budget savings: MoH has agreed to set up a new residential service for [redacted]

Cost at today's date: $188,358.47 per annum additional to current budgets.

Suggestions not under current service lines:

Needs Assessments for children with Autism under 6, referrals from CAMHS or CACC. No support allocated – referral to early intervention/BSS. No assessment information taken from phone call, entered into system and coordinated, no other active services

FFC – change to FFC, support for families to come from Work and Income similar to current Carers Benefit. We have had several situations where have agreed FFC hours, FASS goes to meet the family and tells them they should have more hours and to go back to the NASC. Does not help the difficult process. We have gone back to FASS to ask that this does not happen.

Other ideas are people with diagnosis that have been with service for a number of years that would not be eligible now – possible shared support with LTS-CHC or transfer to Older Persons services. People in Rest Home who are now Over 65

Taranaki

Started with SL before MoH request due to feedback from people about their rostered hours – eg: support over week days only, weekly roster information, example on file, SL plans with support around housework (same tasks over a number of years). Also feedback from [redacted] SL reviews.

Community:

Supported Living - Discussion with 3 providers. Discuss with the provider the amount of case management for all people and where possible without interfering with actual support hours reduce packages. Opportunity to look at people who share a home with another person with a disability.

Look at all packages where identified need is household management and discuss changing SL to H/M. This will take longer – talking to person and or families but could happen alongside discussion with providers.

If across the board changes are made examples below:

Scenario 1:	week	month	annual	6 monthly

specific to [redacted]							
Scenario 1							
over 65				$3,858.80	$16,721.47	$200,657.60	$100,328.80
16 ppl = 110 units	110						
Scenario 2							
maximum 20 units				$1,192.72	$ 5,168.45	$ 62,021.44	$ 31,010.72
5 ppl over 20 units = 134 units							
(5 x 20 = 100)	34 units saved						

Changes made to IDEA SL so far:

Cancellation/reduction of 58hrs @ 1st January through usual review process. $2,030 per week, $8120.00 per month, $48,720 6 months. Ramp up this process with a senior service facilitator talking with Supported Living Manager.

127 people in SL across 3 agencies – target group for Taranaki.

IF & IF respite – there is a possibility to look at hours here however the strategy to do this would involve a lot of work if involving families. The only way I can think to minimise stress on families is to talk with providers like [redacted] and ask them where packages of support have accumulated large savings and look at decreasing these (again would require a lot of work with families). Example percentage over $5,000 per annum.

No figures available would need provider to advice.

Personal Care/Household packages – review all allocations, discuss options around meal prep and reductions in house work help. This would need to be with the disabled person. Also need to remember that if working on SL there will be an increase to household management

				Weekly	Monthly	Annual	Six monthly
YP-HSHM	$33.66						
Scenario 1							
Maximum 4 hrs							
20 people over 4 hours per week =137.25 units							
20 x 4 = 80							
Reduce down to minumum 4 hours		80	savings	$ 2,692.80	$ 11,668.80	$ 140,025.60	$ 70,012.80
Maximum 2 hrs							
56 ppl = 243.50 units							
56 x 2 = 112 units		112	saving	$ 3,769.92	$ 16,336.32	$ 196,035.84	$ 98,017.92
Scenario 2							
2 people under 16 with allocations		3		$ 100.98	$ 437.58	$ 5,250.96	$ 2,625.48
3 total units per week							
Scenario 3							
41 people over 65 with allocations		86.8		$ 2,920.01	$ 12,653.36	$ 151,840.26	$ 75,920.13
86.75 total units							
look at transfer to OPH							
Scenario 4							
Reduce to be in SPA							
?							
Scenario 5							
Reduce by 2 hrs week							
55 ppl over 2.5 hrs		110		$3,702.60	$ 16,044.60	$ 192,535.20	$ 96,267.60
ppl with less than 2.5 hrs excluded							
Scenario 6							
Reduce by 1 hrs per week							
133 ppl over 1.5 hrs		133		$4,476.78	$ 19,399.38	$ 232,792.56	$116,396.28
ppl with less than 1.5 hrs excluded							

Personal Care packages – as per Data information. This across the board process of 1 hr per week from all personal care allocations would need Ministry discussion with disabled people and providers. We would need to look at and discuss with individuals as this will have a direct impact on their lives

Scenario 3							
131 ppl							
reduce everyone 1 hr per week (3 ppl 1 or less)=128	128			$ 4,308.48	$ 18,670.08	$ 224,040.96	$ 112,020.48
reduce everyone 2 hr per week (20 ppl less that 2.25)	222	111 x 2		$ 7,472.52	$ 32,380.92	$ 388,571.04	$ 194,285.52

Respite/Home Support – Do not have very many people in either of these service lines

[redacted]

Would need a discussion with the provider – people in these categories need this level of support.

Carer Support:

				Weekly	Monthly	Annual	six monthly
YP-CS	$ 76.00						
Scenario 1							
Reduce everyone 2 days year	475 ppl x 2	950		$1,388.46	$ 6,016.67	$ 72,200.00	$ 36,100.00
Reduce everyone 5 days year	475 ppl x 5	2375		$3,471.15	$15,041.67	$180,500.00	$ 90,250.00
Reduce everyone 8 days year	475 ppl x 8	3800		$5,553.85	$24,066.67	$288,800.00	$ 144,400.00
Scenario 2							
Maximum 60 days							
18 ppl over 60 days							
(18 x 60 = 1080 days)	= 1588 days						
	508 day saving			$ 742.46	$ 3,217.33	$ 38,608.00	$ 19,304.00
Scenario 3							
over 65 to OPH							
7 ppl over 65 = 244 days	244 day saving			$ 356.62	$ 1,545.33	$ 18,544.00	$ 9,272.00

Residential:

As per Ministry: Look at all packages over NNR and IRP to see if possibilities around hours or people possibly living with others.

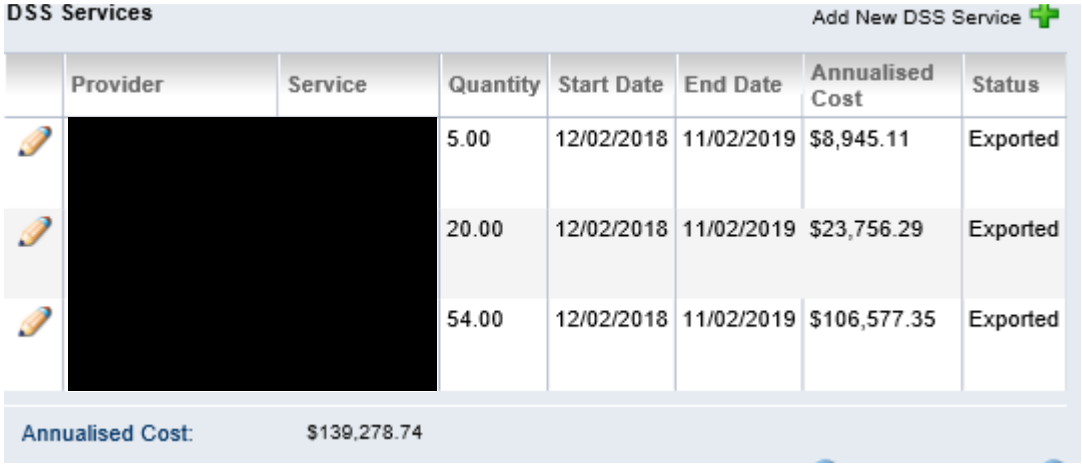
NZCare residential														TOTAL
AAL	7115 [redacted]	264.47												
AAL	16622 [redacted]	179.19												
AAL	39796 [redacted]	876.71		discussion with provider to reduce support during the day as [redacted] has CCS transition VHR										10,634.40
AAL	50000 [redacted]	543.31		discussion Nationally [redacted] ability to live with others in other residential services not just in Taranaki										
AAL	72875 [redacted]	288.15												
AAL	73122 [redacted]	284.2												
AAL	73166 [redacted]	281.81												
AAL	73210 [redacted]	330.08												
AAL	73263 [redacted]	442.09	?											
AAL	73296 [redacted]	454.55												
AAL	73315 [redacted]	659.99												
AAL	73647 [redacted]	260.9												
AAL	73648 [redacted]	271.12												
AAL	73671 [redacted]	709.23		reduction of $300 per day = $2100 per week, $8400 per month, $50,400 6 months										50,400
AAL	73938 [redacted]	1073.61		assessment to be completed reduce wake to night distrubances & query 2 to 1 part days										
AAL	1E+05 [redacted]	322.21												

IDEA							
AAL	25163 [redacted]	1	Daily	0	622.89		
AAL	72866 [redacted]	54	Weekly	25.19			
AAL	72937 [redacted]	112	Weekly	25.19			
AAL	72999 [redacted]	1	Daily	0	642.01	Check number of people [redacted] lives with query High Complex Living alone or with one other	
AAL	73003 [redacted]	70	Weekly	25.19			
AAL	73008 [redacted] R	1	Daily	0	661.77	Query [redacted] living with one other discussion with Area Manager	
AAL	73014 [redacted]	85	Weekly	25.64			
AAL	73021 [redacted]	1	Daily	0	595.55		
AAL	73054 [redacted]	56	Weekly	25.19			
AAL	73058 [redacted]	1	Daily	663.24	663.24		
AAL	73072 [redacted]	1	Daily	0	640.17	Plan for [redacted] to live with others over time	
AAL	73083 [redacted]	1	Weekly	25.19			
AAL	73184 [redacted]	1	Daily	0	609.94	Check number of people [redacted] lives with query High Complext Living alone	
AAL	73289 [redacted]	1	Weekly	25.19			
AAL	73347 [redacted]	1	Daily	0	588.79	Check number of people [redacted] lives with query High Complex Living alone	
AAL	73617 [redacted]	66	Weekly	25.64			
AAL	73755 [redacted]	63	Weekly	25.19			

Unable to calculate savings until after conversations with provider

Across the board start packages of support for 3 months and review rather than 12 although this will affect the versatility of IF.

EXAMPLE RESIDENTIAL CHANGES



DSS Services — Add New DSS Service

	Provider	Service	Quantity	Start Date	End Date	Annualised Cost	Status
	[redacted]		5.00	12/02/2018	11/02/2019	$8,945.11	Exported
			20.00	12/02/2018	11/02/2019	$23,756.29	Exported
			54.00	12/02/2018	11/02/2019	$106,577.35	Exported

Annualised Cost: $139,278.74

Instead of 54hrs + 20 hrs discrete, it was the total in hours, example above - 84hrs Band 5 total per annum would be $136,593.50 saving $2,685.24 per annum for this person. 9 people currently Band 5 with additional discrete.

9 x approx. $2,685.00 = ($24,165) per annum

Life Unlimited

2019

Phil Wysocki
Manager, Service Access (DSS)
Ministry of Health
PO Box 5013
Wellington 6140

Dear Phil

Life Unlimited: Budget Management Initiatives for NASCs

Following your recent communications with NASCs, we are writing to present the proposed budget management initiatives for the Hutt Valley and Tairāwhiti NASCs.

Proposed Approach

We are proposing a two-pronged approach to budget management in our NASCs. That is:

- a re-set of service entry thresholds (quick win); and
- a comprehensive review and reapproval process for 'outlier' support packages (medium – high impact).

Please note that in proceeding with these approaches particular planning and care would be taken in terms of communication and scheduling – we do not support the standard issuing of a generic letter from the Ministry of Health and believe that individual communications should be undertaken by NASCs so that communications can be appropriately formulated recognising the individual sensitivities of each case.

Re-set of Service Entry

The most effective (and possibly easiest) strategy for achieving an immediate reduction in overall allocations is to reduce the average size of the allocations made at the entry of a new client. This is because there is no pre-existing client expectation or dependence and our experience, particularly in the Hutt where we operate LAC in conjunction with NASC, is that this is the optimal time to engage natural supports.

Staff coordinating service packages are directed to work within SPA levels and to follow allocation guidelines. In considering how we could reduce support packages at entry we undertook a review of our average allocations versus other NASCs, using the Ministry's benchmark data, to identify key areas of variance. We also had circumspect discussions (without raising the budget deficit) re how allocated hours are used – for example, one of our key community providers in the Hutt has now undertaken to work with us to develop joint support plans to identify where the allocation of Household Management packages is overly generous.

In parallel we also propose to tighten up our allocation of SiL set-up fees – while the impact of this against the overall DSS deficiency is small, if this practice was universally adopted it would result in a level of saving.

This initiative could commence immediately and has minimal resource impact on the NASC teams - i.e. likely to require more input from senior staff (e.g. dealing with additional approval complexity and client complaints).

Reassessment and Reapproval of Outlier Packages

Our proposed medium to high impact strategy component is to undertake a specific piece of work to review and reapprove all outlying service packages. That is, to reassess and review all support packages that fall above the average allocations as indicated by an analysis of the Ministry's benchmark data.

Service Line	**Outlier definition**	**Hutt NASC – current estimate of clients with 'outlier' packages**	**Tairāwhiti NASC – current estimate of clients with 'outlier' packages**

Residential	Annualised package over $100k	75	10
Carer Support	More than 65 days	45	5
Household Management	Over 5 hours per week	29	20
Personal Cares	Over 20 hours per week	53	9
SiL	Over 10 hours per week	35	1
Over SPA	Community clients only and excluding BSS[1] - High and Very High	47	2
Individualised Funding	Annualised package over $40k	40	5

Our approach would be for a comprehensive assessment to be undertaken by one of our needs assessors (independent from the usual service coordinator) for all of the clients with 'outlier' packages. The service coordinator would then undertake a specific review process and in those cases where they identify that the package should continue then their review would be considered by an internal approvals panel. This panel, comprising senior staff, would also be available to support the Service Coordinator in managing any complex or sensitive package reductions that need to take place after the reassessment.

If this initiative is undertaken over a 6-month period it would be possible to sequence so that these reassessments were undertaken in a timely way, but in a way that does not unnecessarily 'spook' clients. This initiative requires either additional resource (see below).

Tairāwhiti – Implementation Risk

We do want to take this opportunity to highlight to you our general concern about the potential impact of budget constraints, and allocation reductions, in the Tairāwhiti area. As you know, Tairāwhiti is a vulnerable community characterised by a young population with a high proportion of Maori and higher than average social deprivation.

Life Unlimited is of the view that current DSS supports do not adequately meet the real disability need of this community and we would very much like to engage with the Ministry as soon it is opportune in an LAC-type initiative to mitigate this.

In the meantime, we will exercise extreme care in proceeding with budget management initiatives in Tairāwhiti and keep you particularly well-apprised of progress.

Support for Implementation

[1] BSS is excluded because while it is often the factor that takes the package over SPA level it should be a one off and so the likely medium- long term benefits do not warrant the cost (and potential whanau stress) of our proposed review process.

You have asked us to state the support that the Ministry could provide to facilitate our successful implementation of budget management initiatives.

We are requesting support from the Ministry in terms of communications to stakeholders and also some financial recompense to meet the NASC's increased resource requirements arising from implementing these initiatives.

As per the recent teleconference with all NASCs, we ask that in addition to communications to contracted providers that the Ministry makes clear to key NASC community stakeholders the additional constraints now being placed on DSS NASCs. Specifically, that is communication to DHBs, Oranga Tamariki, HCN coordinators and Ministry of Education Special Ed.

We have given significant thought to funding requirements and ask that, to meet the total additional resource requirements across both NASCs, the Ministry provides Life Unlimited the funding for [redacted] FTE plus overheads for 12 months to:

- undertake the approximate 300 reassessment and reviews (conservative estimate of 1,500 hours work);
- manage the reapprovals process;
- undertake client and provider communications and action client complaints; and
- review, analysis and reporting of allocation and performance data for management, exception

Note that the work required will necessitate varying skill sets and at this stage we would envisage engaging: a needs assessor for [redacted], an analyst [redacted] and increasing the hours of one of Coordinators [redacted] to backfill for senior resource being redeployed.

Potential Wider Initiatives

In considering drivers for service needs, cost and size of allocation we have identified the following areas that cannot be adequately or appropriately addressed at an individual NASC level but that we would like to highlight to the Ministry for parallel investigation as part of its projects team's work to address the budgetary issue:

- *Referrals from Child Development Service/Paediatricians for young people with autism*: like most of our NASC colleagues a very significant proportion of the new client referrals made to Life Unlimited are requests for carer support and/or behaviour support that are made at the time that the clinical professional formally diagnoses autism. While in some cases there is a very real need for these supports, this referral pattern does now seem to be an entrenched practice and there is an expectation that the DSS support is effectively an entitlement.
- *Challenging behaviour*: a key driver of many of the support packages of all NASCs is challenging behaviour. NASCs are in the position of having a pretty good view at any time as to which providers are and are not managing in the support they are providing for clients exhibiting challenging behaviour. We think there would be very real value if NASCs were able to take a more proactive/investment type approach (perhaps working in conjunction with provider CRMs) to

offer providers some practical support and assistance to review approach, perhaps as a condition of any package increases directly related to behaviour management.

- *Ageing residential clients*: there is now a significant population of ageing residential clients. Many of our providers struggle to adequately meet all of the needs of this population and hence frequently push for increased allocation (and/or service delivery that is not fully adequate gives rise to an incident that then becomes the driver for increased funding). For example, the cohort of ageing [redacted] residential clients where we are increasingly seeing supports having to increase to ensure the client stays safe in their "home for life". While we, and our NASC colleagues do address these on a case by case basis it is immensely time consuming and often distressing for both families and the support staff involved. Options would be for the Ministry to address this as at a policy level and/or to look at whether investing in some joint work with providers (and possibly Te Pou) to improve the skill level of staff so that longtime ID support workers can manage physical needs of older people (e.g. managing skin integrity) and that longtime PD support workers can manage the cognitive needs of older people (e.g. onset of dementia).

Next Steps

In closing we'd like to acknowledge that the current environment is challenging not only for NASCs but for the Ministry too and as such we greatly appreciate the collaborative approach you have taken to working through this situation. Please be assured that we are committed to working with you to ensure that the needs of the communities that Life Unlimited supports are met with the current constraints.

We look forward to talking to you further about our proposal.

Yours sincerely

Mark Brown
Chief Executive

Karen Wilton
Service and Development Manager

Cc: Doug Funnell (CRM)

FOCUS

Short term
Reduce Coordinator delegation - escalation to Manager/Team Leader for approval for packages over 7hrs PC, 2hrs HM, 5hrs SL per week or 50 days per year respite (carer support and/or residential respite)
Shift staff resource to target reviews on packages over these allocation levels. Also target those that have an allocation of Discrete 1:1 for people attending Vocational services, and packages over SPA.
Continue routine reviews and reassessments as able applying the same focus as above.
Discussion with the DHB ASD Coordinator (who sits within the FOCUS team) to set expectations that referrals for NASC services are an option of last resort.

Resource considerations.
FOCUS had an MOH development review at the end of 2017 which resulted in 11 findings. FOCUS has responded and met 10 out of the 11 findings. The final finding is regarding DHB planning documents and we were given until 31 March 2019 to response to this. The auditor has also indicated they are planning to do a return visit around June.

We would request a delay in the above so that the Manager and Team Leader can be actively involved in this overall process

Longer Term
FOCUS will continue to closely monitor allocations and increase opportunities to reduce these as appropriate under the above framework.

Capital Support

SERVICE LINE & ACTION	WHO	BY WHEN
SIL- Review upon Annual review and proposal looking at 10-20% (TBC depending on how much is needing to be saved) cut in SIL allocation. Review HM and PC allocation also… but ensure what goals there are is that they could be identified to be over a longer period for completion rather than the 1year. Estimated saving- depends on how much to be saved at local area level.	All providers with MOH and Service Facilitators engagement.	Start in 2 weeks- Monthly can review.
HCSS & IF- Review of HM Guidelines and review of all HM allocations for anyone allocated over 3 hours per week. Estimated savings- depends on how much to be saved at local area level.	Capital Support.	Start in 2 weeks- Monthly can review.
HCSS & IF & Carer Support &Respite non IF- Child Development Services team referrals- increasing threshold as half referrals could go without DSS allocation and may save a lot in BSS referrals also. Estimated savings- depends on how much needs to be saved as can cut referrals at a set rate depending on a threshold being established.	MOH/ CDS/ Capital Support.	Start after discussion with CDS- Can review monthly.
All service lines with new referrals- Reduce allocation by (e.g.5.0%) depending on how much needs to be saved at local area level. Estimated savings- depends on how much to be saved at local area level.	Capital Support.	Start after approval by MOH and can review monthly.

Capital Support Urgent Action Plan

(At reqest of MOH)

Nelson Marlborough

The initial plan for Nelson Marlborough NASC is to pull and review available reports and metrics looking at potential areas for reductions. This process is already in progress.
We will focus on four areas initially, which are:
OverSpa
Household Management
Carer Support
IRP

OverSpa
When reviewing all OverSpas we will be looking at pulling data on the following areas:

- Service categories
- Assessor
- $ per category
- Amount over SPA

In pre-planning stage, it is reviewing the top 10% OverSpa and look at anticipated funding savings if reductions are made based on percentage decreases e.g. 2-3%.

Household Management
Reviewing any plans over 3 hours

Carer Support Allocations
Reviewing all over 28 days

IRP
Reviewing and assessing recent and upcoming requests.

LifeLinks $3million Budget Cutback/savings Draft Plan

The Management Team engaged in a wide-ranging discussion about ways in which to make such savings. These budget saving ideas include:

- Need for data on a range of disability support services (SIL, PC, HM, Respite, Residential – individual rates; IF, Carer Support) to have an evidence base for making budget cuts. This data would include # of clients; SPA level; client identified; and budget allocation. Also require data on the DSS contribution to EGL clients; clients receiving behaviour support services; and clients presently over SPAed. Initially to request data from the MoH or have the MoH provide training to Rebecca on developing reports from Socrates.
- Reduce SPA thresholds for all clients
- Reduce client packages according to whether they are small or large packages to reduce the impact on families (e.g. small packages minimal changes; 10% for medium packages; 15% for large packages)
- Services not used to be removed
- No over SPAed clients. Currently at 13.35%.
- New referrals on waiting list from now and that waitlist will be created in SOCRATES and will be called WAITLIST COORDINATOR. That way everyone will be able to see the activity
- Lower the threshold at the different SPA levels

There will be a need to track budget reductions each month from implementation to ensure that the $3M target is reached by June 2019.

Also noted that before staff begin to implement the regime for budget cutting the MoH will need to have a communication package in place. This package would include:

- Letter to clients explaining the need to restrict budgets

- 0800 number in place to answer clients' questions and receive complaints

- No blame policy in relation to NASCs

MoH will also need to engage with contracted residential services about the need to reduce their budgets

In the longer term MoH to ensure the sustainability of the DSS budget consider implementing the following policy changes:

- Children under a certain age not receiving HM, except in extreme circumstances. Rather access such services via GPs or paediatricians

- Exclude those clients on low SPA (less than 1 hour per week of any one of DSS) from accessing DSS

- Change criteria for receiving DSS to 5-65 years

- Remove ASD as a condition to receive DSS and replace with national specialist service provider

- Do not add foetal alcohol syndrome to the eligibility criteria to receive DSS

The Management Team also suggested a rationale for the MoH providing additional resources during the budget reduction period i.e. additional resource used to develop background information about clients use of packages as an evidence-base for Outcome Coordinators discussions with clients

Implementation of the above requires time to plan and prepare. We propose that February is a time of planning ready for implementation to start in March. Should wait till March meeting when NASC are together to develop a **national plan**.

We believe that completing reassessment/review earlier than due date will create more complications therefore any changes in packages to be done at review/reassessment.

We envisage needing [redacted] additional FTE being needed as there will be an intensive function to roll over current packages along with the additional research and analysis work – reports from SOCRATES etc and we do not have spare bodies. We only have [redacted] FTE in our admin area as our minimal resourcing has gone into coordination. We are already stretched well beyond normal working conditions and as this budget saving process is going take more time outside the normal, we would only be able to implement major cuts with additional resourcing

Additional staff would support coordinators to identify packages that can be reduced by looking at current allocations, history and usage. This will free up staff to have the conversations with clients about reduced allocations.

Our team is still concerned that while NASCs apparently can only control allocations, many of our allocations in SOCRATES end up being annualised, which is contrary to the actual cost, and therefore produce a false sense of allocations which in the end result in expenditure forecasting. We strongly believe that that area needs urgent attention

Our team also wonders how this will be monitored and what tools can be developed quickly to do so

We also believe that the MoH communication plan will need to incorporate waitlists now occurring because we cannot now take on any new referrals as we are stretched and yet the demand continues to rise around 100 per month. If we were to accept new referrals then if you place some averages on those numbers and clients, then excess of $1m would be added to the blow out just in Christchurch over next 12 months

Acessability Otago Southland.

AccessAbility Otago/Southland budget proposed management strategies February 2019:

Review Project Objective:

- To research, and suggest strategies to reduce the DSS service budget.
- To suggest strategies to reduce the DSS service allocations without compromising the organisations mission and ensure important decisions are consistent with our core purpose statement and in the interests of disabled people and providers.

Resources required to implement changes:

Due to the number of people we support in Otago/Southland (2711 people) additional staffing resource would be required to complete this task within the required timeframe.

I propose that we dedicate one staff member (Senior KC .5 workflow) to this project to ensure consistency across the region and to ensure this can be closely monitored and supported by the management team. Given the size of the Otago team I believe it would be a difficult task to ask all of the Service Facilitators to take on this project and would also make it difficult for the Team Leader to manage across the board. This scenario would also cause the least amount of impact on overall workload.

Additional resource would be required from the MoH to undertake the data entry associated with the review. This will take a considerable amount of time, in which we do not currently have the resources to cover.

Additional support and resourcing would be required from the MoH to support the NASC in communicating this review to the people and organisations we work with. It is expected that there will unhappy people, which may lead to a significant increase in complaints-utilising management resource.

I propose that the MoH support the NASC by managing any complaints associated with the reduction in supports to allow us to better utilise our recourses. This could be done by way of us directing calls to the MoH call center or a specific contact.

The MoH will also need to consider how this will be communicated to providers as this could potentially affect jobs due to a reduction in hours of support.

Short term proposals:

Scenario 1- Household Management:

Current situation:

There are 435 people with packages of Household Management support over 1.5 hours per week (people with packages less than 1.5 have been excluded from this scenario)

Proposed changes:

If we were to look at reducing everyone's packages by 1 hour per week, this would save approx. $761,389.20 annually.

We need to take into consideration that this reduction may not be appropriate for everyone, however even if we could look at this for approx. 80-90% of people this would result in a significant overall reduction in the budget.

Approx savings:

Weekly:	$12,117.60
Monthly:	$52,509.60
6 Monthly:	$315,057.60
Yearly	$761,389.20

Scenario 2- Supported Independent Living (SIL):

Current situation:
There are 388 people with a package of SIL 1 hour or more per week

Proposed changes:

If we looked at reducing everyone's SIL package by 1 hour per week, this would save approx. $828,830.08 annually.

We need to take into consideration that this reduction may not be appropriate for everyone, however even if we could look at this for approx. 80-90% of people this would result in a significant overall reduction in the budget.

Approx savings:

Weekly	$15,939.04
Monthly	$69,069.17
6 monthly	$414,415.04
Annually	$828,830.08

Scenario-3- Individualised Funding- Personal Care (IFPC)

Current situation:

There are currently 79 people under the age of 16 years with packages of IFPC.

Proposed changes:

If we looked to reduce everyone's package by 1 hour per week would save approx. $250,017.88 per annum.

Given the age of these young people, there is a level of parental responsibility, therefore for those who are living in relatively settled living arrangements, this reduction would hopefully have the least amount of impact, compared to a person living alone.

Approx savings:

Weekly	$4807.94
Monthly	$20834.40
6 Monthly	$125006.44
Annually	$250,012.88

Scenario 4- Carer Support (CS)

Current situation:

There are 1110 people with CS packages. 633 people have a package of Carer Support over 24 days per annum.

Proposed changes:

If we looked to reduce everyone's package who have an allocation over 24 days per annum by 2 days per year (1266 days) this would total approx. $96,216 per annum.

Approx savings:

Weekly	$1850
Monthly	$8018
6 monthly	$48,108
Annually	$96,216

Total proposed savings based on the combined above scenarios:

$1,805,174.16 per annum.

We need to take into consideration that we may not be able to make these reductions for everyone, for example-due to safety reasons etc. However given the $$$$ target provided by the MoH, it leaves a difference of $$$$ to allow for these scenarios where reductions cannot be made.

Other budget management strategies longer term:

- Introducing a Residential Waitlist
- Stopping all allocations of Supported Living review and Set up costs.
- Ensure at review time that all people on individual rates are reviewed, including reviewing if people have moved out of the home and the impact this would have on the daily rate and sleepover component.
- Only allocating Behaviour Support once [redacted] and not enter at time of referral.